A photograph of a classroom with rows of wooden desks and dark chairs. In the background, there is a chalkboard with some faint writing and a whiteboard to its left. The right side of the image is overlaid with a dark grey semi-transparent box containing text.

POSITIVE CHILDHOOD EXPERIENCES

A resource guide describing the outcomes that positive childhood experiences have on student behavior, learning, and health.

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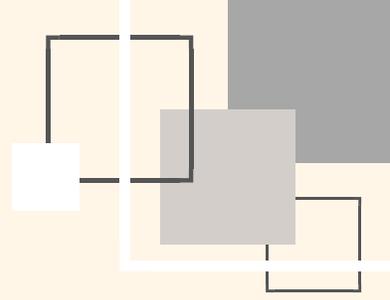
**PCE-Building
Activities**

Chapter 1

GLOSSARY

This resource guide is intended to provide community members with a clear and comprehensible framework for the terms, research, and approaches that will be employed in the Department of Health's Positive Childhood Experiences (PCEs) project. A thorough understanding of the terms defined in the glossary below will equip readers with the necessary information to understand the significance of this project, as well as with the basic tools needed to utilize this knowledge to effectively strengthen schools and communities through the promotion of PCEs.

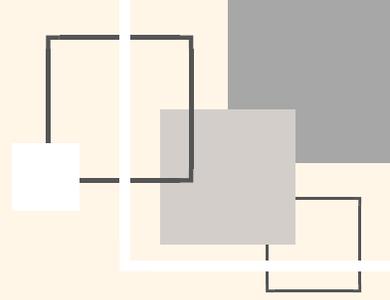
ADVERSE CHILDHOOD EXPERIENCES



Adverse childhood experiences are experiences of abuse, neglect, and household dysfunction that can negatively impact a child's future mental and physical health. ACEs fall under categories of psychological abuse, physical abuse, sexual abuse, exposure to substance abuse, mental illness in the household, violent treatment of a direct caregiver, and criminal behavior in the household. There are also ACEs that apply to life outside of the household, such as a child experiencing racism, witnessing violence, living in an unsafe neighborhood, experiencing bullying, or having lived in foster care.¹ Children who experience one ACE are likely to experience at least one other, and having multiple ACEs is associated with increased risk for mental illness, substance use, and disease later in life.² While ACEs can have negative implications for a child's future, positive experiences can serve as a counter-balance, as described in this resource guide.

POSITIVE CHILDHOOD EXPERIENCES

Positive childhood experiences are experiences or relationships that foster a safe, supportive environment for children to develop. Some of these experiences include participating in community and family traditions, involvement in school and extracurricular activities (e.g. clubs, athletics, religious groups), feeling a sense of belonging in school, feeling as though they can share their feelings with family members or trusted adults, and feeling safe in their home and neighborhood. Positive relationships include supportive connections with family members, having two or more adults outside of the family, and positive peer friendships.^{3,4,5,6} While the list of PCEs encompasses a broad range of settings, these experiences generally do not include aspects of a child's environment such as the quality of education, housing, or healthcare that the child received. Instead, PCEs encompass the social and emotional influences that generally come from the ways in which adults interact with a child and positively impact a child's development.

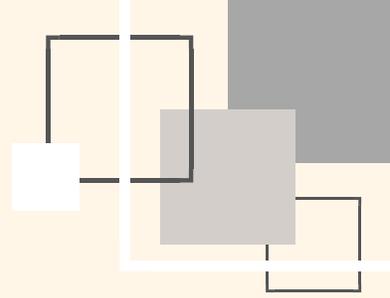


PROTECTIVE FACTORS

Protective factors are conditions that minimize the risk of a person experiencing childhood trauma and the associated negative outcomes.⁷ The National Child Traumatic Stress Network has suggested seven protective factors: family and community support, sense of safety, high self-esteem, self-efficacy, sense of meaning, talent in a particular area, and coping skills.⁸ For example, having a set of coping skills that can be adjusted to different situations makes a child less likely to go through the negative outcomes of a traumatic event since they have the resources they need to process these types of hardships. Exposure to protective factors to some extent can help reduce the likelihood that a person will experience a traumatic event. Positive Childhood Experiences can help children acquire protective factors.

RESILIENCE

Resilience can be defined as the ability of an individual to adapt in the face of severe adversity to successfully avoid the negative social, psychological, and biological contexts of extreme stress.⁹ It is important to recognize that resilience does not happen in isolation, meaning that it is a product of the combination of hardship AND support. By experiencing hardship coupled with the support needed to weather the hardship, the brain and body adapt and this adaptation can be thought of as resilience. These adaptations can be behavioral and biological: resilience manifests itself neurobiologically via the reduction of brain responses to negative events and the strengthening of responses to positive events.¹⁰ Environmental aspects like social support, an adult mentor, or a sense of belonging can promote resilience, enabling the individual to navigate stressful events without the negative mental and physical health outcomes associated with them.



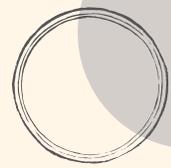
*OTHER TERMS

When reading about PCEs and ACEs, you may come across terms that are not defined here. One of these terms, **benevolent childhood experiences** (BCEs), is used in a manner similar to PCEs, and refers to early childhood experiences that contribute to positive outcomes in the face of adversity.¹¹ Another common term is **buffers**, which are very similar to protective factors in that they help lessen or cushion the impact of ACEs. Some sources may distinguish between protective factors and buffers, defining buffers as factors that help one adapt to adversity as it is happening (rather than protecting one against future adversity, as in protective factors); however, they are also used interchangeably in other sources.¹²

Chapter 2

PCES AND SCHOOL OUTCOMES

Positive childhood experiences have repeatedly been linked to beneficial school outcomes in children and adolescents. The following chapter cites various studies that show a strong association between the prevalence of PCEs and success in academic settings, including higher rates of school engagement, better school attendance, and several favorable social and relational outcomes in school-age individuals.



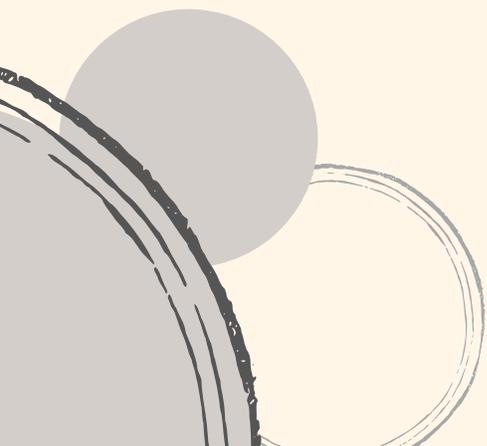
ACADEMIC PERFORMANCE

Higher rates of PCEs are related to higher rates of school engagement, intellectual curiosity, and persistence in completing tasks.¹³

Evidence has suggested that PCEs are correlated with greater academic achievement and engagement in school. One study found that higher rates of exposure to PCEs -- specifically, higher rates of family connection and resilience -- was correlated with greater school engagement in children (defining “engagement” as a child caring about doing well in school and completing all required homework). Moreover, children with higher levels of PCEs were more likely to express greater interest in learning new things and persistence in completing tasks. These effects were observed even when children experienced adversity, implying that PCEs have a significant impact on offsetting the negative impacts of ACEs.

Children with lower levels of PCEs are more likely to repeat a grade.¹⁴

Children with incarcerated parents had significantly less PCEs than children without incarcerated parents, and less PCEs predicted a higher likelihood of repeating a grade. This suggests that the absence of PCEs contributes to lower school engagement and performance.





PCEs promote better school attendance.⁴

It has been demonstrated that children who were exposed to certain PCEs were more likely to have better school attendance and less likely to repeat a grade than those who were not. These PCEs included sharing ideas with a caregiver, living in a supportive neighborhood, and having family resilience. Participation in after-school activities was also predictive of increased school attendance, suggesting that PCEs promote school success and engagement.

Resilience can increase the likelihood of school engagement.¹⁵

Studies found that out of approximately 95,000 children aged 0-17, children exposed to 2 or more ACEs were more than twice as likely to repeat a grade in school, while those with no ACEs were more than twice as likely to usually or always be engaged in school. The team found that for children with special healthcare needs, many of whom had 2 or more ACEs, learning and showing resilience helped decrease the likelihood of repeating a grade and increased the likelihood of school engagement, even for children who were exposed to ACEs.

Positive teacher relationships are linked with positive school adaptation.¹⁶

A study illustrated that high-quality child-teacher relationships serve as behavioral and academic indicators of school success across the span of elementary school. An effective teacher relationship even demonstrated to offset the negative effects of developmental vulnerabilities since children with learning problems were significantly better off with a close teacher relationship than affected students who lacked this supportive relationship. This suggests that teacher-child relationships are important in a young child's development and promoting their school success.



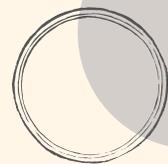
BEHAVIORAL CHALLENGES

Internalizing and externalizing school behavior concerns increase with ACE exposure.¹⁸

In a 2018 study, elementary school personnel identified children with behavioral problems that conflicted with the student's learning or disrupted the classroom environment in school. Results revealed a significant relationship between ACE exposure and internalizing (withdrawn, depressed, anxious) and externalizing (disruptive, aggressive, impulsive) behavior concerns. This suggests that ACEs may negatively impact a child's behavior in school and harm their academic trajectory.

Children exposed to ACEs may experience learning and behavioral problems.¹⁵

In a study examining ACEs in youth of a low-income, urban community, researchers found that children who had experienced four or more ACEs were more likely to display learning and behavior problems. These behaviors were classified based on objective learning and behavioral data (low academic achievement, history of violent behavior, etc.). Children with learning and behavior problems demonstrate poorer school outcomes and experience less supportive teacher-child relationships. PCEs can mitigate the negative outcomes that may arise from ACEs (Bethell).



The presence of protective adult relationships can moderate the relationship between adversity and substance use.¹⁹

In a study of children from birth to 18 years old who had investigations of child maltreatment, it was found that protective adult relationships can moderate the relationship between early childhood adversity and youths' substance abuse. In these relationships, children can come to an adult when they have a serious problem, or the adult encourages and believes in the child. The research suggests that children may feel added stress when they do not have many supportive relationships, which can then make them more prone to behavioral challenges. This study also suggested that it is the quality of these adult relationships, rather than the quantity, that increases the likelihood of positive outcomes.

More PCEs can decrease self-reported delinquency.²⁰

Through a study involving children from the ages of 4 up to age 18, it was found that youth who had 4 or more PCEs reported lower levels of delinquency. The study suggests that PCEs can function as a protective factor and can significantly moderate the association between ACEs and self-reported delinquency in youth with 1-4 ACEs.



SOCIAL/EMPLOYMENT

Higher rates of PCEs are related to stronger levels of social and emotional relational support as an adult.⁶

In the cross-sectional study performed by Bethell and her team, it was found that adults with higher levels of PCEs had lower odds of depression and poor mental health as adults. Additionally, adults with lower levels of PCEs were significantly more likely to report having insufficient social and emotional support during adulthood. This suggests that positive childhood experiences may promote healthy relationships as an adult.

Higher rates of PCEs are related to lower rates of depression and anxiety in adolescents.²¹

Studies have suggested that positive childhood experiences (PCEs) can offset the negative impact of ACEs. The work done by neuroscientist Guangbo Qu supported this idea: in their 2021 study, he and his team found that PCE exposure acted as a protective factor for adolescent health, and was correlated with lower rates of depression and anxiety symptoms even in the presence of ACEs. This suggests that PCE exposure can reduce the psychological impact of ACEs, and implies that a PCE-focused intervention would be beneficial for adolescent mental health.

Chapter 3

PCES AND HEALTH

Positive childhood experiences have been associated with improvements in physical health, mental health, and health behaviors. The following chapter cites various studies that cover these topics for both adolescence and adulthood. Examples include reduced risk of depression and anxiety in adolescence, decreased substance use in adolescence and adulthood, and more positive relationships in adulthood.

ADOLESCENCE

Health Behaviors

High PCEs scores are associated with decreased rates of delinquency in adolescence.^{3,19}

Higher levels of ACEs have been repeatedly associated with higher rates of delinquency in adolescence. However, studies have shown that the presence of PCEs may diminish this relationship and the negative impacts caused by ACEs. Recent evidence has shown that higher PCE scores are associated with lower rates of delinquency, as well as with decreased rates of rearrest and reconviction among juvenile offenders.

PCEs in late childhood serve as protective factors against adolescent substance use and promote prosocial behaviors.²²

Research has shown that PCEs predict significantly less adolescent substance use and may promote engaged and productive functioning across prosocial domains. One study demonstrated that late elementary grades are an important time when caregivers and teachers can have a long-lasting influence in establishing prosocial opportunities for children. This suggests that adolescence is a critical time developmentally to implement universal family interventions through schools in order to encourage healthy, prosocial behaviors.

ADOLESCENCE

Mental Health



Positive family functioning can increase physical and emotional health.²³

Positive family functioning, consisting of positive and frequent interactions between a parent and child and low parental stress, can serve as a protective factor for a child's health. Children with more positive family functioning have shown to have better physical health and emotional well-being, such as having fewer cases of depression or anxiety, compared to those with less positive family functioning.

Higher rates of PCEs are associated with improved adolescent mental health.²⁴

Chronic childhood maltreatment is associated with increased rates of mental health issues in adolescence. Recent studies have shown that PCEs may serve as protective factors against the symptoms of psychopathology that may have been caused by ACEs. A recent study found that higher rates of PCEs were associated with lower rates of depression, conduct disorder, and oppositional defiant disorder in adolescents, even in the presence of multiple ACEs.

PCEs, especially positive relationships, can reduce risk of depression and anxiety in adolescents.²⁵

Research suggests that parental warmth, such as encouraging a child, conveying positive feelings, and showing affection, can serve as a protective factor and reduce the risk for depression and anxiety in adolescents. Other relationships, including positive peer relationships in school and having helpful, trustworthy neighbors also decreased the risk of depression. Feeling included, happy, and safe in school was also shown to reduce the risk of depression and anxiety. This suggests that greater positive relationships with family, peers, and neighbors can protect against the adverse effects of ACEs.

ADULTHOOD

Health Behaviors

PCEs predict significantly better adult functioning even in the presence of adolescent substance use.²²

PCEs have demonstrated to have a lasting impact into early adulthood across positive functioning domains, such as healthy interpersonal relationships and exercise habits. These positive effects are still maintained even in the presence of adolescent substance use history. This suggests that PCEs promote a prosocial developmental pathway in early adulthood that can mitigate the harmful effects of adolescent substance use.

Higher levels of PCEs are associated with beneficial health behaviors in adulthood.²⁶

One study found that exposure to PCEs in youth is associated with a number of behavioral health benefits in adulthood, regardless of ACEs exposure. The researchers found that higher levels of PCEs are associated with lower rates of depression, less sleep difficulties, and less self-reported stress. Additionally, higher levels of PCEs were associated with the report of greater fruit and vegetable intake, as well as higher rates of reports of positive mental wellbeing. This suggests that the positive effect of PCEs is cumulative and impacts adult physical, mental, and behavioral health.

ADULTHOOD

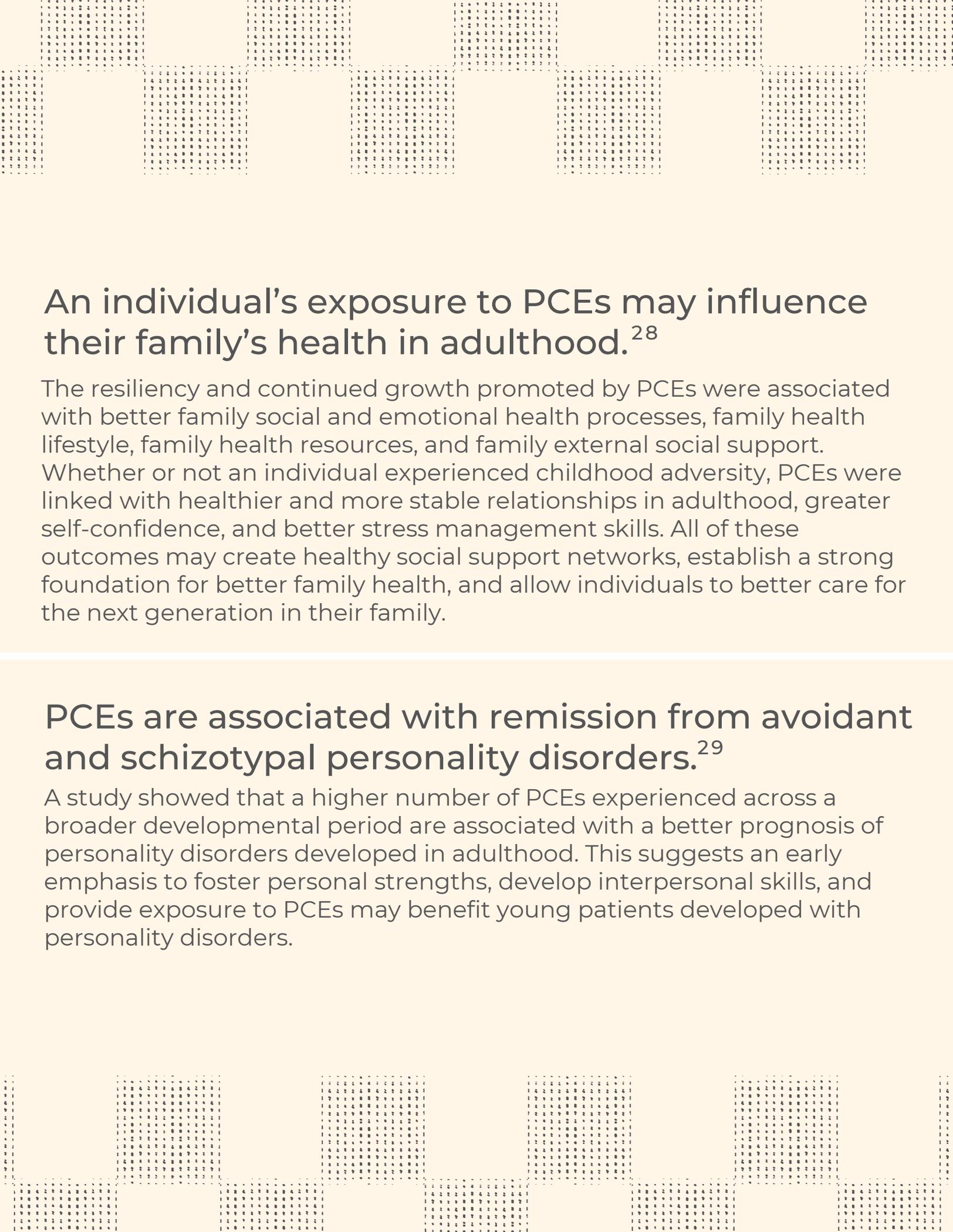
Mental Health

PCEs are associated with lower odds of depression or poor mental health and more reported support systems.⁶

Adults who reported more PCEs had lower odds of depression by medical diagnosis and/or poor mental health, including states of depression, stress, and problems with emotions. These adults also had better relational health, or getting the social and emotional support one needs. This suggests that PCEs may help promote positive mental and relational health, and possibly reduce the burden of illness as a result, even in the presence of ACEs.

Benevolent childhood experiences can help reduce adverse effects caused by the COVID-19 pandemic.²⁷

A study of undergraduate and graduate students found that higher levels of benevolent childhood experiences (BCEs, very similar to PCEs) were associated with fewer symptoms of depression and anxiety, lower perceived stress, and less loneliness, such as feeling isolated and lacking companionship. A higher number of BCEs was also associated with fewer COVID-19 stressors, like losing one's job, reduced academic performance, or trouble paying bills. This research suggests that increased positive childhood experiences and relationships can help foster resilience during times of crisis.

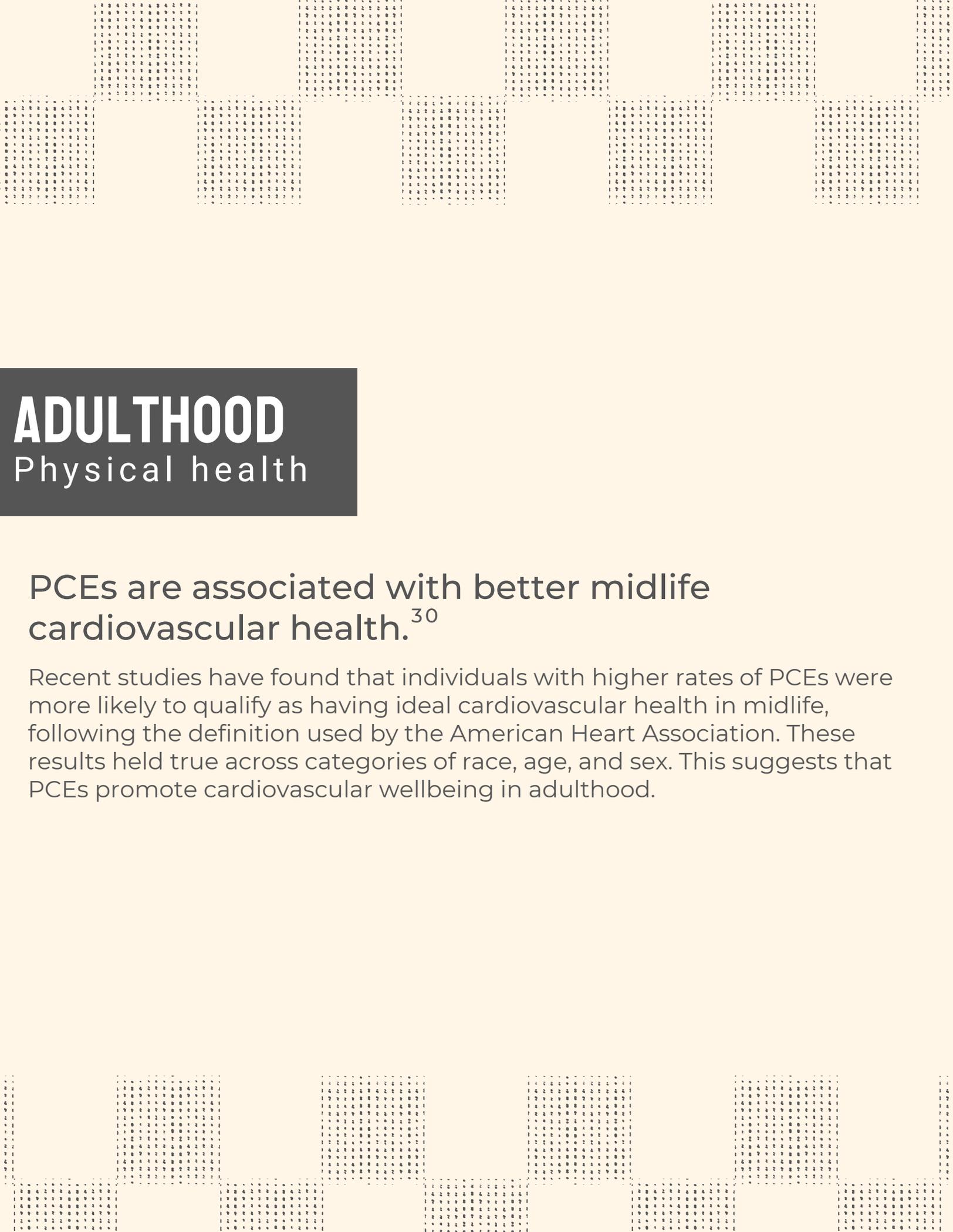


An individual's exposure to PCEs may influence their family's health in adulthood.²⁸

The resiliency and continued growth promoted by PCEs were associated with better family social and emotional health processes, family health lifestyle, family health resources, and family external social support. Whether or not an individual experienced childhood adversity, PCEs were linked with healthier and more stable relationships in adulthood, greater self-confidence, and better stress management skills. All of these outcomes may create healthy social support networks, establish a strong foundation for better family health, and allow individuals to better care for the next generation in their family.

PCEs are associated with remission from avoidant and schizotypal personality disorders.²⁹

A study showed that a higher number of PCEs experienced across a broader developmental period are associated with a better prognosis of personality disorders developed in adulthood. This suggests an early emphasis to foster personal strengths, develop interpersonal skills, and provide exposure to PCEs may benefit young patients developed with personality disorders.



ADULTHOOD

Physical health

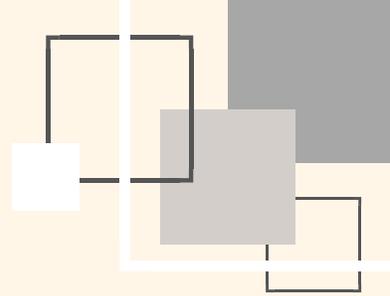
PCEs are associated with better midlife cardiovascular health.³⁰

Recent studies have found that individuals with higher rates of PCEs were more likely to qualify as having ideal cardiovascular health in midlife, following the definition used by the American Heart Association. These results held true across categories of race, age, and sex. This suggests that PCEs promote cardiovascular wellbeing in adulthood.

PCE-BUILDING ACTIVITIES

The previous chapters have demonstrated the positive impact that positive childhood experiences (PCEs) can have. Schools have the capacity to increase student exposure to PCEs and build student resilience. The following chapter highlights the implementation of several school programs that have improved student health and coping strategies. In addition, the chapter illustrates how schools are able to translate their teachings of protective factors into the student's family or home setting.

BLUES PROGRAM³¹

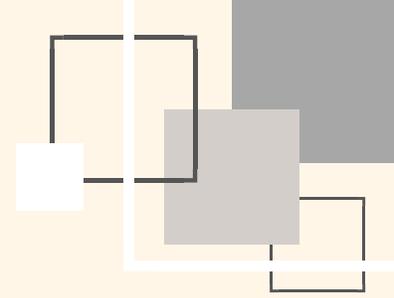


- The Blues Program is a school-based group intervention program for 13-19 year olds who experience symptoms of anxiety and/or depression or are interested in learning more about mental health and coping strategies. The goals of the program are for teens to build strong group relationships, increase involvement in pleasurable activities, and learn how to effectively encounter and respond to current and future life stressors.
- The program consists of 6 weekly, 1-hour group sessions with 4-8 members and home tasks.
- Program activities include focusing on incorporating “pleasant activities” into daily life, learning to identify negative thoughts, exploring coping strategies for real-life negative events and building response plans. Home activities help to apply new skills to daily life and to practice more realistic and positive ways of thinking.
- The activities are designed to decrease risk factors such as stress, depressive symptoms, and suboptimal social and problem-solving skills, and increase protective factors such as emotional coping skills, opportunities for emotional expression, and positive therapeutic relationships
- Short-term outcomes of the program include more positive thinking patterns and more engagement in pleasant activities. Long-term outcomes include reduced depression symptoms, reduced likelihood of developing major depressive disorder, and decreased substance use.
- The program is implemented by 1-2 facilitators who are master’s-level mental health professionals, school counselors, nurses, or teachers. Other school staff with a high school diploma and 2-4 years of experience working with adolescents can also help implement the program.
- Costs include Initial Blues Program training (\$2800, up to 14 facilitators trained at a time), Fidelity Adherence Certification (\$225/hour, 12 hours total), and opportunity for training to become a Trainer of Trainers.

FAMILIES & SCHOOLS TOGETHER (FAST)³²

- The Families & Schools Together (FAST) program is a school based program designed to engage both children and their families in supporting children's well-being and learning readiness. Programming is available for early childhood, elementary, middle, and high school, with different age-appropriate activities at each level. The goals of the program are to strengthen family relationships and cohesion, engage parents with the school, enable parents to advocate for their child's education, and connect families with other families and community resources to reduce isolation and stress.
- The program meets weekly for 2.5 hour group sessions, with 10-12 families, over an 8 or 10 week cycle. Usually, a site will run 2 cycles per school year.
- During program sessions, families eat a meal and play games together, parents can discuss and bond over shared experiences, children can make friends with their peers, and parents engage in one-on-one special play/conversation time with their children, free from distractions.
- The program is facilitated by a group of 4-10 local parents, educators, and mental health and community professionals, trained by a certified FAST trainer.
- FAST aims to build defenses against ACEs by focusing on protective factors including children's interpersonal bonds, the family system, parent-to-parent support, parent-peer social network, parent empowerment, and school/community affiliation. Additionally, FAST implements resilience factors to help children cope with inevitable risk factors that they or their family may face.

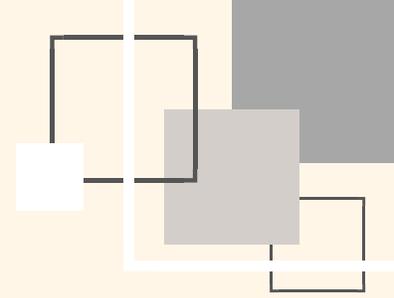
TRIPLE-P POSITIVE PARENTING PROGRAM³³



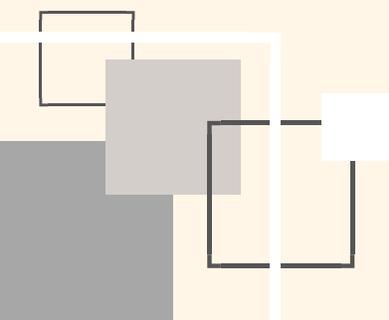
- Children birth through age 16
- Population-level, multi-tiered system of parenting and family support aimed at creating safe and nurturing relationships
- The five levels of intervention incorporate programs which vary according to intensity, contact with practitioners, and delivery format:
 - Level 1 is a media and communication strategy on positive parenting (e.g., television, radio, online and print media)
 - Level 2 includes brief interventions consisting between one or three sessions (e.g., telephone or face-to-face or group seminars)
 - Level 3 consists of narrow-focused interventions including three to four individual face-to-face or telephone sessions, or a series of 2-hour group discussion sessions
 - Level 4 includes 8–10 sessions delivered through individual, group or self-directed (online or workbook) formats
 - Level 5 includes enhanced interventions using adjunct individual or group sessions addressing additional problems.
- Parents are able to access services through a variety of settings, including primary care, schools, workplaces, and telephone counseling services.
- Triple P, in both short-term and long-term, is an effective parenting intervention for improving social, emotional and behavioral outcomes in children, and that it also has many benefits for participating parents
 - social — a child's ability to interact and form relationships with other children, adults, and parenting figures
 - emotional — a child's ability to appropriately express and manage emotions and feelings, such as anxiety, frustration and disappointment
 - behavioral — a child's level of internalizing and externalizing behavioral issues, such as, acting out behaviors (e.g., temper tantrums, aggression, yelling), non-compliance, and withdrawing type behaviors.
- Parent-reported survey

- Training series for parents, teachers, and children promotes emotional and social competence with the goal to prevent, reduce, and treat aggression and emotional problems in children
- Incredible Beginnings -- subset of program specific to teachers working with children 0-5 years old
 - Teaching methods discussed include using social and emotion coaching, nurturing child-directed play interactions using narrated descriptive commenting, proactive teaching with predictable routines and consistent positive behavior management strategies. All of these approaches rely on building positive relationships with children using sensitive and responsive approaches.
- Teacher Classroom Management Program -- specific to teachers working with children 4-8 years old
 - The focus is on strengthening teachers' classroom management strategies, and promoting children's prosocial behavior, school readiness, and reducing children's classroom aggression and noncooperation with peers and teachers. The program also helps teachers work with parents to support their school involvement and promote consistency between home and school.
- 6 full day workshops

EMOTION COACHING³⁵



- Emotion coaching has proven to instill skills that aid children's ability to self-regulate their emotions and behavior, which contribute to positive school outcomes. This practice seeks to convey the importance of adults accepting a child's internal emotions so that the child feels safe and engages in more reasonable solutions.
- One study implemented a program focused on emotion coaching. School staff were trained to adopt, adapt, and sustain emotion coaching techniques into their teaching across elementary, middle, and high schools over the span of two years. This strategy consists of two components: empathy and guidance.
- The emotion coaching techniques demonstrated to promote children's self-awareness of emotions, positive self-regulation of behavior, and nurturing relationships. Likewise, there were a multitude of positive school outcomes, such as reduction in children being called out of the classroom, disruptive behavior, and distribution of consequences, and an increase in behavioral regulation.
- The implementation of sustainable emotional support in schools is suggested to lead to better school results and support children's social and emotional competences.



MINDFULNESS STRATEGIES³⁶

- RAP Club, a group intervention program, was implemented at two Baltimore City Public Schools for 7th and 8th graders.
- Over a span of 6 weeks, 12 sessions were facilitated by a mental health counselor and young adult community member to provide students with evidence-based cognitive-behavioral skills for regulating emotions and making positive decisions.
- RAP Club incorporates mindfulness strategies that focus on identifying stress, communicating effectively, responding thoughtfully, and tolerating distress. RAP Club components foster self-regulatory abilities and decision making which predict school success.
- Teachers found that the students had better emotion regulation, social and academic competence, classroom behavior, and discipline following the program. Even students with depression demonstrated improvement according to teacher reports. Plus, a higher program participation was linked to even better positive changes.
- Trauma-informed interventions, such as implementing mindfulness strategies, have demonstrated a positive effect on school success.

RESTORATIVE PRACTICES^{37,38}

- The implementation of restorative practices (RPs), which focus on repairing harm and relationships through conflict resolution, may play an integral role in promoting positive childhood experiences for students.
- RPs can be applied as a framework of guiding principles and may include preventative and responsive circles, restorative conferences, restorative communication and dialogue, and peer meditation.
- Oakland Unified Public Schools implemented school wide RPs focused on Restorative Circles (RCs), in which students were provided with facilitated dialogue to repair harm caused by involvement in conflict.
- Members of a nonprofit organization came in for a 3 week period to facilitate RC programs to high school students.
- They found that RPs contributed to an increase in the quality of student teacher relationships, ability to maintain positive relationships with peers, and capacity to better manage emotions in their high school students. School staff also noticed greater maturity, better behavior, and increased confidence in students after participating in the RC program.
- RCs may be a new way of handling conflict as opposed to fighting.
- These positive outcomes are associated with mitigating the negative effects of childhood adversity.

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